Information for Reinstatement of Marriage and Family Therapy Licenses

If a marriage and family therapy license is allowed to lapse through lack of renewal, the license must be reinstated, regardless of the amount of time that has elapsed since the license expired.

As required in statute and regulation, all marriage and family therapists who allow their license to lapse are required to submit documentation of continuing education totaling 40 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and 6 hours of Diagnosis and Treatment for all levels of licenses. This continuing education must meet all current definitions of continuing education, and focus on marriage and family therapy skills, values, practice or knowledge.

The reinstatement process may NOT be circumvented by applying for a new license with a request for waiver of the examination.

In order to reinstate your license, you must submit the following materials to the Board office for review:

- The completed and signed Application for Reinstatement of Marriage and Family Therapist license
- Fees for LMFT $300.00, which includes $150.00 for late renewal, and $150.00 for reinstatement of license.
- Fees for LCMFT $350.00, which includes $175.00 for late renewal, and $175.00 for reinstatement of license.
- This fee must be submitted at the time of application for reinstatement, and is payable by check or money order made out to Behavioral Sciences Regulatory Board, credit card or cash.
- The completed and signed Continuing Education Report Form with original certificates of attendance and all other supporting documentation for continuing education. If you would like your original certificates returned, please include a self-addressed stamped envelope.

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at www.ksbsrb.ks.gov for further information.

Revised: 12/03/2014
APPLICATION FOR REINSTATEMENT OF MARRIAGE AND FAMILY THERAPY LICENSE

Reinstatement fees are as followed:

LMFT  $300.00  $150.00 for late renewal, and $150.00 for reinstatement of license
LCMFT $350.00  $175.00 for late renewal, and $175.00 for reinstatement of license

DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: ________________  CE Requirements Met: ________________
CE Hours Short: ________________  Initials ________________

PLEASEx TYPE OR PRINT

Last Name: _____________________________  First Name: ______________________  Middle: ___________________
Name under which license was issued: __________________________________________________________
License Number: _________________________  Expiration Date: ___________________________
SSN: ____________________________  DOB: ____________________________

Preferred mailing address?  Home ____ Business ____ Preferred E-mail address: _______________________

Home Address: ___________________________________________  Apt #: __________________
City: _____________________________  State: ________  Zip: ___________________  County: _____________
Phone #: ( ) ___________________________  Cell phone #: ( ) ___________________________

Business Name / Agency _____________________________
Address Street: ___________________________________________  Suite #: ______________
City: _____________________________  State: ________  Zip: ___________________  County: _____________
Phone #: ( ) ___________________________  Fax #: ( ) ___________________________

Address of Record: (Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)

Address of Record: _____________________________  Apt #: ______________
City: _____________________________  State: ________  Zip+4: _______________________

Length of Employment____________________________  Have you been continuously employed? ________________

In your current job, do you participate in the delivery of marriage and family therapy services?  Yes ____ No _______
If yes, name of supervisor: ___________________________________________

Please explain why you allowed your marriage and family therapy license to expire: ___________________________________________

Are you licensed to practice in a State other than Kansas? ________________
If yes, provide State, license type and number: ___________________________________________
Section I – Reinstatement Background Information:

-- If you answer yes to any of the following questions, YOU MUST GIVE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH YOUR REINSTATEMENT.

1. Have you been convicted of a felony since your last renewal? Yes____ No ____
2. Have you been accused of unethical behavior or unprofessional conduct since your last renewal? Yes ____No____
3. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal? Yes____ No ____ If yes, give details on a separate sheet and attach.
4. Have you been rejected for membership in a professional organization since your last renewal? Yes____ No _____
   If yes, give details on a separate sheet and attach.
5. Has your membership in a professional organization been revoked since your last renewal? Yes ____No _____
   If yes, give details on a separate sheet and attach.
6. Have you been censured by a professional organization of which you were a member since your last renewal? Yes____ No _____ If yes, give details on a separate sheet and attach.
7. Has your license, granted by this state or any other state for the practice of marriage and family therapy or practice in any of the behavioral sciences been limited, restricted, suspended, revoked or subjected to other disciplinary action since your last renewal? Yes____ No _____ If yes, give details on a separate sheet and attach.
8. Are you currently offering marriage and family therapy services in private practice in Kansas under supervision? Yes_____ No____ If yes, please give details on a separate sheet and attach.
9. Are you currently offering services in private practice in Kansas without supervision? Yes _____ No _____ If yes, please give details on a separate sheet and attach.
10. Since your marriage and family therapy license expired, have you practiced in Kansas as a marriage and family therapist? Yes____ No____ If yes, please give details on a separate sheet and attach.
11. Since your license expired, have you represented yourself in Kansas as a marriage and family therapist? Yes_____ No____ If yes, please give details on a separate sheet and attach.
12. Since your marriage and family therapy license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for marriage and family therapy work or related services you provided in Kansas? Yes____ No____ If yes, please give details on a separate sheet and attach.

Section II – Reinstatement Applicant’s Attestation:

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of marriage and family therapy and the Continuing Education Guidelines for the State of Kansas. Yes_____ No____

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a marriage and family therapist does accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. Yes_____ No____

I attest that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes_____ No____

Date __________________ Signature ___________________________________________
This form is to be submitted by all licensees who have requested their licenses be reinstated. Please return the completed and signed form along with the **ORIGINALS** of all continuing education documentation, to the board office.

Copies of this form may be made if necessary if you run out of room for documenting your continuing education hours.

As part of the continuing education hours required for each renewal cycle, each applicant shall complete 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except LAC and LBSW, shall complete 6 hours of continuing education on diagnosis and treatment of mental disorders or if LCAC diagnosis and treatment of a substance abuse disorder.

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<th>Title of course / workshop or other CE activity:</th>
<th>Date(s) of attendance</th>
<th>Type of activity</th>
<th>Presenter</th>
<th>Hours Claimed</th>
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Other Continuing Education:

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Other Continuing Education Continued

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<th>Date(s)</th>
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<th>Presenter</th>
<th>Hours claimed</th>
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TOTAL HOURS CLAIMED:________________________

REINSTATEMENT APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING ATTESTATION

I understand that in signing this document I am attesting that the information is accurate. I further understand it is unlawful to attempt to obtain licensure through false statements or fraudulent misrepresentation. I understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relationship to my licensure reinstatement application the board may suspend, limit, revoke, condition, fine or refuse to renew my license.

Applicants Signature: _________________________________ Dated this ________day of ________________ 20_____.
Credit Card Payment Form

Only complete when paying by credit card.

The credit cards accepted are American Express, Discover, MasterCard and Visa.

Amount of Purchase: $____________

Credit Card: American Express _______ Discover _______
             MasterCard ________ Visa __________

Credit Card Acct. # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Credit Card Expiration Date ___ ___ / ___ ___

Name as it appears on the card __________________________________________________________

Signature: _______________________________ Date_________________

For Office Use Only:

Approval Number _________________ Date ________________